Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF MICHIGAN	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1:	Identify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	You	r full name		
	your	e the name that is on government-issued ire identification (for nple, your driver's	Ebony First name	First name
		se or passport).	Monique Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		other names you have d in the last 8 years		
		ide your married or den names.		
3.	you num Indi	the last 4 digits of Social Security Seer or federal Vidual Taxpayer tification number	xxx-xx-6850	

Debtor 1 **Ebony Monique Lewis**

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names		■ I have not used any business name or EINs. Business name(s)	☐ I have not used any business name or EINs. Business name(s)			
		EINs	EINs			
5.	Where you live		If Debtor 2 lives at a different address:			
		22342 Berg Rd. Southfield, MI 48033				
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Oakland County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6. Why you are choosing this district to file for bankruptcy		Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other			
		other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	district. I have another reason. Explain. (See 28 U.S.C. § 1408.)			

7.	The chapter of the Bankruptcy Code you are choosing to file under										
	choosing to me under	■ Cha	apter 7								
		☐ Cha	apter 11								
		☐ Cha	apter 12								
		☐ Cha	apter 13								
3.	How you will pay the fee	a 0	bout how y	ou may pay. Typically, if you are paying the attorney is submitting your payment on y	ase check with the clerk's office in your local court ne fee yourself, you may pay with cash, cashier's cour behalf, your attorney may pay with a credit ca	heck, or money					
		= 1	need to pa	y the fee in installments. If you choose	this option, sign and attach the Application for Indi	viduals to Pay					
			_	ee in Installments (Official Form 103A).	nis option only if you are filing for Chapter 7. By lay	v a judgo may					
		_ b	out is not rec applies to yo	uired to, waive your fee, and may do so ur family size and you are unable to pay	only if your income is less than 150% of the official the fee in installments). If you choose this option, your ded (Official Form 103B) and file it with your petition	poverty line the ou must fill out					
-	Have you filed for bankruptcy within the	■ No.									
	last 8 years?	☐ Yes.	District	When	Case number						
			District	When _ When	Casa numbar						
			District	When	Case number						
			District	vviieii _	Case Humber						
0.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No									
			Debtor		Relationship to you						
			District	When _	Case number, if known						
			Debtor		Relationship to you						
			District	When	Case number, if known						
1.	Do you rent your	■ No.	Go to	line 12.							
	residence?	☐ Yes.	. Has y	our landlord obtained an eviction judgmei	nt against you?						
				No. Go to line 12.							
				Yes. Fill out Initial Statement About an	Eviction Judgment Against You (Form 101A) and fi	le it as nart of					

Case number (if known)

Debtor 1 **Ebony Monique Lewis**

Jeb	tor 1 Ebony Monique L	ewis			Case number (if known)
ar	Report About Any Bu	ısinesses	You Own	as a Sole Proprieto	or
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to F	art 4.	
		☐ Yes.	Name	and location of busin	ness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numbe	er, Street, City, State	e & ZIP Code
	it to this petition.		Check	the appropriate box	to describe your business:
				Health Care Busine	ess (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real E	Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as def	fined in 11 U.S.C. § 101(53A))
				Commodity Broker	(as defined in 11 U.S.C. § 101(6))
				None of the above	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadline operation	s. If you ind	dicate that you are a w statement, and fed	ourt must know whether you are a small business debtor so that it can set appropriate small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure
	For a definition of small	■ No.	I am no	ot filing under Chapte	er 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fil Code.	ng under Chapter 1	1, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am fil	ng under Chapter 1	1 and I am a small business debtor according to the definition in the Bankruptcy Code.
ari	4: Report if You Own or	Have Any	/ Hazardoı	us Property or Any	Property That Needs Immediate Attention
4.	Do you own or have any	■ No.			
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is th	ne hazard?	
	public health or safety? Or do you own any property that needs immediate attention?			ate attention is why is it needed?	
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?	
	•			1	Number, Street, City, State & Zip Code

Debtor 1 Ebony Monique Lewis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Deb	otor 1 Ebony Monique L	ewis		Case num	nber (if known)
Par	t 6: Answer These Quest	ions for R	eporting Purposes		
16.	What kind of debts do you have?	16a.		consumer debts? Consumer debts are described in the consumer debts are described in the consumer debts are described in the consumer debts.	defined in 11 U.S.C. § 101(8) as "incurred by an
			☐ No. Go to line 16b.		
			Yes. Go to line 17.		
		16b.	Are your debts primarily I money for a business or inv	ots that you incurred to obtain oursiness or investment.	
			☐ No. Go to line 16c.	ğ ,	
			☐ Yes. Go to line 17.		
		16c.	State the type of debts you	owe that are not consumer debts or busin	ness debts
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapte	er 7. Go to line 18.	
	Do you estimate that after any exempt property is excluded and	■ Yes.		. Do you estimate that after any exempt pravailable to distribute to unsecured creditor	roperty is excluded and administrative expenses ors?
	administrative expenses		■ No		
	are paid that funds will be available for		□Yes		
	distribution to unsecured creditors?				
18.	How many Creditors do	■ 1-49		□ 1,000-5,000	□ 25,001-50,000
	you estimate that you owe?	☐ 50-99		☐ 5001-10,000	☐ 50,001-100,000
	owe.	□ 100-1		□ 10,001-25,000	☐ More than100,000
		□ 200-9	99		
19.	How much do you estimate your assets to	□ \$0 - \$		☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
	be worth?		01 - \$100,000	□ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million	☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion
			001 - \$500,000 001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
20.	How much do you	□ \$0 - \$	50,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1 billion
_0.	estimate your liabilities		90,000 901 - \$100,000	☐ \$1,000,001 - \$10 million	□ \$1,000,000,001 - \$1 billion
	to be?	\$ 100,	001 - \$500,000	□ \$50,000,001 - \$100 million	□ \$10,000,000,001 - \$50 billion
		□ \$500,	001 - \$1 million	□ \$100,000,001 - \$500 million	☐ More than \$50 billion
Par	t 7: Sign Below				
For	you	I have ex	amined this petition, and I de	eclare under penalty of perjury that the inf	formation provided is true and correct.
				7, I am aware that I may proceed, if eligible relief available under each chapter, and I	ole, under Chapter 7, 11,12, or 13 of title 11, I choose to proceed under Chapter 7.
				d not pay or agree to pay someone who is the notice required by 11 U.S.C. § 342(b).	
		I request	relief in accordance with the	e chapter of title 11, United States Code, s	specified in this petition.
		bankrupt and 3571	cy case can result in fines up		ey or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,
		Ebony l	ny Monique Lewis Monique Lewis e of Debtor 1	Signature of Del	btor 2
		Executed	on February 4, 2019	Executed on	
			MM / DD / YYYY		MM / DD / YYYY

Debtor 1 Ebony Monique Lewis			Case number (if known)	
For your a represent	attorney, if you are ed by one	I, the attorney for the debtor(s) named in this petition under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I h	tes Code, and have explained the relief a	vailable under each chapter
If you are	not represented by	and, in a case in which § 707(b)(4)(D) applies, certif	y that I have no knowledge after an inqui	ry that the information in the

schedules filed with the petition is incorrect.

/s/ Avraham Adler Date February 4, 2019 Signature of Attorney for Debtor MM / DD / YYYY Avraham Adler P76319 Printed name Advanta Law, PLC Firm name 24300 Southfield Rd STE 210 Southfield, MI 48075 Number, Street, City, State & ZIP Code Contact phone 248-281-6299 avi@adlerlawfirmpllc.com Email address P76319 MI Bar number & State

an attorney, you do not need

to file this page.

Certificate Number: 17082-MIE-CC-032067573



CERTIFICATE OF COUNSELING

I CERTIFY that on <u>December 24, 2018</u>, at <u>9:16</u> o'clock <u>AM MST</u>, <u>EBONY M LEWIS</u> received from <u>Summit Financial Education</u>, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the <u>Eastern District of Michigan</u>, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: December 24, 2018 By: /s/Denis L Escamilla De Garcia

Name: Denis L Escamilla De Garcia

Title: Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Fill	in this information to identify yoບ	ır case:			
	tor 1 Ebony Monique				
Det	First Name	Middle Name	Last Name		
	ise if, filing) First Name	Middle Name	Last Name		
Uni	ed States Bankruptcy Court for the	EASTERN DISTRICT (OF MICHIGAN		
1	e number				
(if kn	wn)				ck if this is an ended filing
<u>Of</u>	icial Form 106Sum				
			nd Certain Statistical Information		12/15
info	mation. Fill out all of your sched	ules first; then complete t	e are filing together, both are equally responsible for the information on this form. If you are filing amend to the box at the top of this page.		
Par	1: Summarize Your Assets				
					assets
				Value	e of what you own
1.	Schedule A/B: Property (Official 1a. Copy line 55, Total real estate	Form 106A/B) , from Schedule A/B		\$	70,000.00
	1b. Copy line 62, Total personal p	roperty, from Schedule A/B		\$_	39,750.00
	1c. Copy line 63, Total of all prope	erty on Schedule A/B		\$	109,750.00
Par	2: Summarize Your Liabilities				
					liabilities unt you owe
2.	Schedule D: Creditors Who Have 2a. Copy the total you listed in Co		y (Official Form 106D) the bottom of the last page of Part 1 of <i>Schedule D</i>	\$	73,282.00
3.	Schedule E/F: Creditors Who Hav 3a. Copy the total claims from Pa		al Form 106E/F) ns) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy the total claims from Pa	rt 2 (nonpriority unsecured	claims) from line 6j of Schedule E/F	\$_	59,823.02
			Your total liabilities	\$	133,105.02
Par	3: Summarize Your Income ar	nd Expenses			
4.	Schedule I: Your Income (Official Copy your combined monthly inco		e /	\$	2,678.00
5.	Schedule J: Your Expenses (Offic Copy your monthly expenses from			\$	2,585.00
Par	4: Answer These Questions for	or Administrative and Sta	tistical Records		
6.	Are you filing for bankruptcy un ☐ No. You have nothing to repo	• • • •	? Check this box and submit this form to the court with yo	ur other s	chedules.
7.	■ Yes What kind of debt do you have?				
			debts are those "incurred by an individual primarily for	a person	al, family, or

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,774.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total o	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	24,853.79
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	24,853.79

	n this information	on to identify y	our case and th	is filinç	g:				
Deb		Ebony Moniq							
Dob	F tor 2	First Name	Middle	Name	Last Name				
	_	First Name	Middle	Name	Last Name				
Unit	ed States Bankru	ptcy Court for the	ne: EASTERN	DISTRI	ICT OF MICHIGAN				
Cas	e number							□ CH	neck if this is an
									nended filing
_	<u>icial Form</u>								
3 C	hedule A	A/B: Pro	operty					12	/15
Part . Do					Estate You Own or Have an Interest In lence, building, land, or similar property?				
	No. Go to Part 2.								
	Yes. Where is the	property?							
1.1	22342 Berg R Street address, if ava		iption	What	t is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secure	d claims	kemptions. Put on <i>Schedule D:</i> ed by Property.
1.1	Street address, if ava		iption		Single-family home Duplex or multi-unit building Condominium or cooperative	the amount	of any secure I/ho Have Clair	d claims on the secure	on Schedule D:
1.1	Street address, if ava	ilable, or other descr	48033-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land	the amount Creditors W Current val entire prop	of any secure tho Have Clair ue of the erty?	d claims on the contract of th	on Schedule D: ed by Property. nt value of the n you own?
11.1	Street address, if ava	ilable, or other descr			Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	the amount Creditors W Current val entire prop	of any secure /ho Have Clair due of the erty? (0,000.00	d claims of the court of the co	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00
11.1	Street address, if ava	ilable, or other descr	48033-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current val entire prop	of any secure /ho Have Clair ue of the erty? '0,000.00 ne nature of ye e simple, ten	Currer portion	on Schedule D: ed by Property. nt value of the n you own?
1.1	Street address, if ava	ilable, or other descr	48033-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current val entire prop	of any secure t/ho Have Clair tue of the erty? 0,000.00 ne nature of y	Currer portion	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00 ership interest
1.1	Street address, if ava	ilable, or other descr	48033-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Current val entire prop	of any secure /ho Have Clair ue of the erty? '0,000.00 ne nature of ye e simple, ten	Currer portion	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00 ership interest
1.1	Street address, if ava Southfield City	ilable, or other descr	48033-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current valentire prop	of any secure. The Have Clair The of the erty? The of the erty?	Currer portion	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00 ership interest the entireties, or
1.1	Street address, if ava Southfield City Oakland	ilable, or other descr	48033-0000	Who	Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current valentire prop \$7 Describe th (such as fe a life estate) Check (see ins	of any secure the Have Clair tue of the lerty? (0,000.00 le nature of ye simple, ten le), if known.	Currer portion	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00 ership interest the entireties, or
1.1	Street address, if ava Southfield City Oakland	ilable, or other descr	48033-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current valentire prop \$7 Describe th (such as fe a life estate) Check (see ins	of any secure the Have Clair tue of the lerty? (0,000.00 le nature of ye simple, ten le), if known.	Currer portion	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00 ership interest the entireties, or
1.1	Street address, if ava Southfield City Oakland	ilable, or other descr	48033-0000		Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another or information you wish to add about this ite	Current valentire prop \$7 Describe th (such as fe a life estate) Check (see ins	of any secure the Have Clair tue of the lerty? (0,000.00 le nature of ye simple, ten le), if known.	Currer portion	on Schedule D: ed by Property. Int value of the n you own? \$70,000.00 ership interest the entireties, or

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Debt	or 1 E	bony Moni	que Lewis		Case number (if known)	
3. Ca	rs, vans,	trucks, trace	tors, sport utility ve	hicles, motorcycles		
	No					
	Yes					
3.1	Make:	Chevrole	t	Who has an interest in the property? Check on		red claims or exemptions. Put
0.1	Model:	Impala		Debtor 1 only	the amount of any s	ecured claims on Schedule D: e Claims Secured by Property.
	Year:	2015		Debtor 2 only	Current value of th	e Current value of the
		nate mileage: ormation:	50375	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	omation.		☐ At least one of the debtors and another		
				☐ Check if this is community property (see instructions)	\$15,093 .	\$15,093.00
5 A (Yes dd the dd			n for all of your entries from Part 2, includ		\$15,093.00
.pa	iges you	have attach	ed for Part 2. Write t	that number here	=>	Ψ13,033.00
Part 3	: Descri	be Your Perso	nal and Household Ite	ems		
				terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
	<i>(amples:</i> No	goods and f Major applian	urnishings aces, furniture, linens	, china, kitchenware		
			stove/cooking u	ınit		\$150.00
			refrigerator		1	\$75.00
			remgerator			Ψ10.00
			washer/dryer			\$150.00
			microwave			\$50.00
			cookware (pots	/pans)		\$10.00
			living room furn	iture		\$50.00
			dining room fur	niture		\$10.00
			tables and chair	rs		\$5.00
			bedroom furnitu	ıre		\$100.00

Official Form 106A/B

Schedule A/B: Property

Deb	tor 1	Ebony Moni	ique Lewis Case number (if known)	
			dressers/nightstands	\$10.00
			lamps and accessories	\$25.00
] No	es: Televisions a	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of ll phones, cameras, media players, games	collections; electronic devices
			television(s)	\$75.00
E	Example ■ No		d figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir ions, memorabilia, collectibles	, or baseball card collections;
E	xample ■ No	ent for sports a es: Sports, photo musical instr Describe	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;
	I No		es, shotguns, ammunition, and related equipment	
	No .		lothes, furs, leather coats, designer wear, shoes, accessories	
	I No		ewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	gold, silver
	<i>Examp</i> ■ No	rm animals bles: Dogs, cats, Describe	birds, horses	
	No	her personal ar	nd household items you did not already list, including any health aids you did not list formation	
15.			of all of your entries from Part 3, including any entries for pages you have attached number here	\$710.00
		scribe Your Finar		
Do	you ow	n or have any	legal or equitable interest in any of the following?	Current value of the portion you own?

Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 3

Debtor 1	Ebony Monique Lewis	Case number (if known)	
16. Cash Exa. ■ No	mples: Money you have in your wallet, in your I	nome, in a safe deposit box, and on hand when you file your petition	
	S		
Exa.	institutions. If you have multiple accoun	counts; certificates of deposit; shares in credit unions, brokerage houts with the same institution, list each.	ses, and other similar
□ No ■ Ye	S	Institution name:	
	17.1. Checking	Citizens Bank	\$100.00
Exa	ds, mutual funds, or publicly traded stocks mples: Bond funds, investment accounts with b	orokerage firms, money market accounts	
■ No □ Ye	sInstitution or issue	er name:	
join	tventure	porated and unincorporated businesses, including an interest ir	ı an LLC, partnership, and
■ No □ Ye	s. Give specific information about them Name of entity:		
Neg Non ■ No	-negotiable instruments are those you cannot t	gotiable and non-negotiable instruments ashiers' checks, promissory notes, and money orders. ransfer to someone by signing or delivering them.	
<i>Exa</i> . □ No		403(b), thrift savings accounts, or other pension or profit-sharing pla	ns
_ 10	Type of account:	Institution name:	
	401k	Voya Financial	\$10,730.00
	401k	Vanguard	\$2,676.00
	401k	Lincoln Investments	\$6,741.00
You <i>Exa</i>	mples: Agreements with landlords, prepaid ren	so that you may continue service or use from a company t, public utilities (electric, gas, water), telecommunications companies	s, or others
■ No □ Ye	S	Institution name or individual:	
_		ney to you, either for life or for a number of years)	
■ No □ Ye	ss Issuer name and description.		
	S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).	qualified ABLE program, or under a qualified state tuition progra	am.
		on. Separately file the records of any interests.11 U.S.C. § 521(c):	
25 True	ts, equitable or future interests in property	(other than anything listed in line 1), and rights or nowers exerci	sable for your benefit

Official Form 106A/B Schedule A/B: Property page 4

■ No

		ony Monique Lewis		Case number (if known)	
	☐ Yes. Give	specific information about th	em		
26.			secrets, and other intellectual property ites, proceeds from royalties and licensing ag	reements	
	■ No		3.9		
	☐ Yes. Give	specific information about th	em		
27.		anchises, and other genera Building permits, exclusive lic	al intangibles enses, cooperative association holdings, liquo	or licenses, professional licenses	
		specific information about th	em		
M	oney or prope	erty owed to you?			Current value of the
					portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds ☐ No	owed to you			
	Yes. Give	specific information about the	em, including whether you already filed the ret	turns and the tax years	
			2018 tax refund	federal, state	\$2,000.00
_					
	■ No	anacifia information			
	Other amount Examples: L	nts someone owes you Inpaid wages, disability insurpenefits; unpaid loans you managed to the specific information	rance payments, disability benefits, sick pay, vade to someone else	vacation pay, workers' compensati	ion, Social Security
	Other amount Examples: L	nts someone owes you Inpaid wages, disability insulpenefits; unpaid loans you manage specific information	ade to someone else	vacation pay, workers' compensati	
	Other amount Examples: L	nts someone owes you Inpaid wages, disability insulpenefits; unpaid loans you manage specific information		vacation pay, workers' compensati	ion, Social Security \$1,700.00
	Other amount Examples: Let	nts someone owes you Inpaid wages, disability insurpenefits; unpaid loans you managed information g insurance policies	arnishment ance; health savings account (HSA); credit, ho		
31.	Other amount Examples: L. b.	Ints someone owes you Inpaid wages, disability insurpenefits; unpaid loans you may specific information Insurance policies Idealth, disability, or life insurance the insurance company of each of the company of the property that is due you be beneficiary of a living trust,	arnishment ance; health savings account (HSA); credit, ho	omeowner's, or renter's insurance eneficiary:	\$1,700.00 Surrender or refund value:
31.	Other amount Examples: Less No Yes. Give Interests in Examples: He No Yes. Name Any interest If you are the someone had No	insurance policies Health, disability, or life insurance the insurance company of a Company of the property that is due you be beneficiary of a living trust, as died.	arnishment ance; health savings account (HSA); credit, howard policy and list its value. ame: Bear from someone who has died	omeowner's, or renter's insurance eneficiary:	\$1,700.00 Surrender or refund value:
31.	Other amount Examples: Less No Yes. Give Interests in Examples: He No Yes. Name Any interest If you are the someone had No	Ints someone owes you Inpaid wages, disability insurpenefits; unpaid loans you may specific information Insurance policies Idealth, disability, or life insurance the insurance company of each of the company of the property that is due you be beneficiary of a living trust,	arnishment ance; health savings account (HSA); credit, howard policy and list its value. ame: Bear from someone who has died	omeowner's, or renter's insurance eneficiary:	\$1,700.00 Surrender or refund value:
31.	Other amount Examples: L.	Ints someone owes you Unpaid wages, disability insurpenefits; unpaid loans you may specific information ginsurance policies Health, disability, or life insurance the insurance company of a Company of the insurance in property that is due you be beneficiary of a living trust, as died. specific information nst third parties, whether of	arnishment ance; health savings account (HSA); credit, howard policy and list its value. ame: Bear from someone who has died	omeowner's, or renter's insurance eneficiary: or are currently entitled to receive	\$1,700.00 Surrender or refund value:
31.	Other amount Examples: Let	insurance policies Health, disability, or life insurance the insurance company of a Company of e beneficiary of a living trust, as died. specific information	arnishment ance; health savings account (HSA); credit, he each policy and list its value. ame: Bear from someone who has died expect proceeds from a life insurance policy,	omeowner's, or renter's insurance eneficiary: or are currently entitled to receive	\$1,700.00 Surrender or refund value:
31.	Other amount Examples: L. D.	insurance policies Health, disability, or life insurance the insurance company of a Company of e beneficiary of a living trust, as died. specific information given the insurance company of e Company of a living trust, as died. specific information nst third parties, whether caccidents, employment disputations.	arnishment ance; health savings account (HSA); credit, howards policy and list its value. ame: Beach policy and list its value. Beach policy and list its value.	ement or payment	\$1,700.00 Surrender or refund value: property because
31.	Other amount Examples: L. D.	insurance policies Health, disability, or life insurance the insurance company of a Company of e beneficiary of a living trust, as died. specific information given the insurance company of e Company of a living trust, as died. specific information nst third parties, whether caccidents, employment disputations.	arnishment ance; health savings account (HSA); credit, he each policy and list its value. ame: Bear from someone who has died expect proceeds from a life insurance policy,	ement or payment	\$1,700.00 Surrender or refund value: property because

Official Form 106A/B Schedule A/B: Property page 5

Debt	tor 1 Ebony Monique Lewis			Case number (if known)	
35. A	Any financial assets you did not already list				
	No				
	Yes. Give specific information				
36.	Add the dollar value of all of your entries from Part 4. Write that number here				\$23,947.00
Part :	5: Describe Any Business-Related Property You	Own or Have an Interest I	n. List any real esta	ate in Part 1.	
37. D	o you own or have any legal or equitable interest	in any business-related pr	roperty?		
	No. Go to Part 6.				
	Yes. Go to line 38.				
Part	6: Describe Any Farm- and Commercial Fishing- If you own or have an interest in farmland, list it is		n or Have an Interes	st In.	
46. D	Oo you own or have any legal or equitable ir	nterest in any farm- or o	commercial fishin	ng-related property?	
	No. Go to Part 7.			.g . c.ucu p. cpcy .	
	Yes. Go to line 47.				
Part 1	7: Describe All Property You Own or Have a	an Interest in That You Did	Not List Above		
	Oo you have other property of any kind you Examples: Season tickets, country club member				
	No	cromp			
	Yes. Give specific information				
				r	
54.	Add the dollar value of all of your entries fr	om Part 7. Write that n	umber here		\$0.00
				L	
Part 8	8: List the Totals of Each Part of this Form				
55	Part 1: Total real estate, line 2				\$70,000.00
	Part 2: Total vehicles, line 5		\$15,093.00		<u>Ψ70,000.00</u>
	Part 3: Total personal and household items	 s. line 15	\$710.00		
	Part 4: Total financial assets, line 36		\$23,947.00		
	Part 5: Total business-related property, line	e 45	\$0.00		
	Part 6: Total farm- and fishing-related prop		\$0.00		
61.	Part 7: Total other property not listed, line	54 +	\$0.00		
62.	Total personal property. Add lines 56 throug	h 61	\$39,750.00	Copy personal property to	stal \$39,750.00
63.	Total of all property on Schedule A/B. Add	line 55 + line 62			\$109,750.00

Debtor 1	Ebony Monique	e Lewis		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
Case number	ankruptcy Court for the	-		
(if known)				☐ Check if this is ar amended filing

Part 1: Identify the Property You Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
	☐ You are claiming state and federal nonbar	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)			
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B	that you claim as exe	empt,	fill in the information below.			
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.			
	22342 Berg Rd. Southfield, MI 48033 Oakland County	\$70,000.00		\$17,200.00	11 U.S.C. § 522(d)(1)		
	Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit			
	stove/cooking unit Line from Schedule A/B: 6.1	\$150.00	•	\$150.00	11 U.S.C. § 522(d)(3)		
	Line nom <i>Schedule A/B</i> . 0.1			100% of fair market value, up to any applicable statutory limit			
	refrigerator Line from Schedule A/B: 6.2	\$75.00		\$75.00	11 U.S.C. § 522(d)(3)		
	Line from Scriedule A/B. 0.2			100% of fair market value, up to any applicable statutory limit			
	washer/dryer Line from Schedule A/B: 6.3	\$150.00		\$150.00	11 U.S.C. § 522(d)(3)		
	Line Holli Schedule AVD. 0.3			100% of fair market value, up to any applicable statutory limit			
	microwave	\$50.00		\$50.00	11 U.S.C. § 522(d)(3)		
	Line from Schedule A/B: 6.4			100% of fair market value, up to			

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

any applicable statutory limit

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from		ount of the exemption you claim	Specific laws that allow exemption
cookware (pots/pans) Line from <i>Schedule A/B</i> : 6.5	Schedule A/B \$10.00	•	\$10.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
living room furniture Line from Schedule A/B: 6.6	\$50.00	-	\$50.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
dining room furniture Line from Schedule A/B: 6.7	\$10.00		\$10.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
tables and chairs	\$5.00		\$5.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
pedroom furniture Line from Schedule A/B: 6.9	\$100.00	•	\$100.00	11 U.S.C. § 522(d)(3)
and nom conedule /v b. cic			100% of fair market value, up to any applicable statutory limit	
dressers/nightstands Line from Schedule A/B: 6.10	\$10.00	•	\$10.00	11 U.S.C. § 522(d)(3)
Line nom <i>Schedule A/B</i> . 0.10			100% of fair market value, up to any applicable statutory limit	
lamps and accessories Line from Schedule A/B: 6.11	\$25.00		\$25.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
television(s)	\$75.00		\$75.00	11 U.S.C. § 522(d)(3)
			100% of fair market value, up to any applicable statutory limit	
Checking: Citizens Bank Line from Schedule A/B: 17.1	\$100.00		\$100.00	11 U.S.C. § 522(d)(5)
			100% of fair market value, up to any applicable statutory limit	
401k: Voya Financial Line from Schedule A/B: 21.1	\$10,730.00		\$10,730.00	11 U.S.C. § 522(d)(12)
			100% of fair market value, up to any applicable statutory limit	
401k: Vanguard Line from Schedule A/B: 21.2	\$2,676.00		\$2,676.00	11 U.S.C. § 522(d)(12)
			100% of fair market value, up to any applicable statutory limit	
401k: Lincoln Investments Line from Schedule A/B: 21.3	\$6,741.00		\$6,741.00	11 U.S.C. § 522(d)(12)
and norm constant / v.b. = 110			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

		Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
	deral, state: 2018 tax refund	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(5)
LII	ne from Scriedule A/B. 20.1			100% of fair market value, up to any applicable statutory limit	
•	arnishment	\$1,700.00		\$1,700.00	11 U.S.C. § 522(d)(5)
LII	ie nom Schedule A.B. 30.1			100% of fair market value, up to any applicable statutory limit	
	re you claiming a homestead exemption of ubject to adjustment on 4/01/19 and every 3			led on or after the date of adjustme	nt.)
	Yes. Did you acquire the property covere No Yes	ed by the exemption wi	thin 1	,215 days before you filed this case	?

Fill in	this information to identify yo	ur case:			
Debto	r 1 Ebony Monique	e Lewis			
	First Name	Middle Name Last Name			
Debto (Spouse	or 2 e if, filing) First Name	Middle Name Last Name			
	· ·	: EASTERN DISTRICT OF MICHIGAN			
United	d States Bankruptcy Court for the	EASTERN DISTRICT OF MICHIGAN			
	number				
(if know	n)			_	if this is an ded filing
				amond	ica ming
Offic	cial Form 106D				
Sch	edule D: Creditors	s Who Have Claims Secure	ed by Propert	у	12/15
is need	led, copy the Additional Page, fill it	If two married people are filing together, both are out, number the entries, and attach it to this form.			
	r (if known). ny creditors have claims secured b	y vour property?			
_	•	this form to the court with your other schedules.	You have nothing else t	o report on this form	
_	Yes. Fill in all of the information	·	Tod have nothing else t	o report on this form.	
		below.			
Part 1			. Column A	Column B	Column C
for eac much a	ch claim. If more than one creditor ha as possible, list the claims in alphabet	more than one secured claim, list the creditor separate s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
Z.T. .	Citizens One Home	Describe the property that accuracy the claims	\$52,800.00	\$70,000.00	\$0.00
	Loans Creditor's Name	Describe the property that secures the claim: 22342 Berg Rd. Southfield, MI 48033	402,000.00	Ψ7 0,000.00	Ψ0.00
		Oakland County			
		As of the date you file, the claim is: Check all that			
	PO Box 6260 Glen Allen, VA 23058	apply.			
_	Number, Street, City, State & Zip Code	☐ Contingent☐ Unliquidated			
	rumber, eneet, eny, ende a zip eede	☐ Disputed			
Who c	owes the debt? Check one.	Nature of lien. Check all that apply.			
	btor 1 only	An agreement you made (such as mortgage or s	ecured		
_	btor 2 only	car loan)			
	btor 1 and Debtor 2 only least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
	east one of the debtors and another eck if this claim relates to a	Other (including a right to offset)			
	ommunity debt				
Date d	lebt was incurred	Last 4 digits of account number			
2.2	Credit Union One Bank	Describe the property that secures the claim:	\$20,482.00	\$15,093.00	\$5,389.00
(Creditor's Name	2015 Chevrolet Impala 50375 miles			
4	400 E Nine Mile	As of the date you file, the claim is: Check all that			
	Ferndale, MI 48220	apply. Contingent			
1	Number, Street, City, State & Zip Code	☐ Unliquidated			
		Disputed			
_	owes the debt? Check one.	Nature of lien. Check all that apply.			
	btor 1 only	☐ An agreement you made (such as mortgage or s car loan)	ecurea		
	btor 2 only				
	btor 1 and Debtor 2 only least one of the debtors and another	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
_	east one of the deptors and another eck if this claim relates to a	☐ Judgment lien from a lawsuit ☐ Other (including a right to offset)			
	ommunity debt	— Calci (including a right to onset)			
Date d	lebt was incurred 2015	Last 4 digits of account number 0799			

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

Debtor 1 Ebony Monique Lewis

First Name Middle Name Last Name

Case number (if known)

Add the dollar value of your entries in Column A on this page. Write that number here: \$73,282.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$73,282.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

Fill in this in	formation to identify you	r case:			
Debtor 1	Ebony Monique	Lewis			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN		
Cooo numbo					
Case numbe					☐ Check if this is an amended filing
	orm 106E/F				
Schedul	e E/F: Creditors \	Who Have Unsecu	ured Claims		12/15
left. Attach the		age. If you have no information			number the entries in the boxes on the top of any additional pages, write your
1. Do any cr	editors have priority unsecu	red claims against you?			
■ No. Go	to Part 2.				
☐ Yes.					
Part 2: Li	st All of Your NONPRIOR	ITY Unsecured Claims			
3. Do any cr	editors have nonpriority uns	ecured claims against you?			
□ No. Yo	ou have nothing to report in this	part. Submit this form to the co	ourt with your other sch	edules.	
Yes.					
unsecured	d claim, list the creditor separat	ely for each claim. For each cla	im listed, identify what	type of claim it is. Do not list of	itor has more than one nonpriority laims already included in Part 1. If more claims fill out the Continuation Page of
					Total claim
4.1 Bes	t Buy/CBNA	Last 4 digits	s of account number	5205	\$1,603.00
	riority Creditor's Name	\All===================================	h - dah4 : d0	2042	
_	BOX 6497 ux Falls, SD 57117	wnen was t	he debt incurred?	2012	
	per Street City State Zlp Code	As of the da	ate you file, the claim	is: Check all that apply	
Who	incurred the debt? Check one				
■ D	ebtor 1 only	☐ Continge	nt		
□ D	ebtor 2 only	☐ Unliquida	ated		
□D	ebtor 1 and Debtor 2 only	☐ Disputed			
□ A:	t least one of the debtors and a	nother Type of NO	NPRIORITY unsecure	d claim:	
	heck if this claim is for a cor				
debt Is the	e claim subject to offset?	☐ Obligatio report as pri		aration agreement or divorce t	hat you did not
■ N	0	☐ Debts to	pension or profit-shari	ng plans, and other similar del	ots
□ Y	es	Other. St	pecify collections	s-charge card	

Cavalry Portfolio Svcs	Last 4 digits of account number		\$2,216.00
Nonpriority Creditor's Name 500 Summit Lake Dr Ste 4A Valhalla, NY 10595	When was the debt incurred?	2018	
Number Street City State ZIp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	☐ Student loans		
lebt s the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify collections	i	
Chase Card Services	Last 4 digits of account number	3830	\$6,901.00
Nonpriority Creditor's Name	When was the debt incurred?	2011	
Wilmington, DE 19850	mon was the dest meaned.	2011	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.	_		
Debtor 1 only	Contingent		
Debtor 2 only	Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed	Later	
At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
☐ Check if this claim is for a community			
s the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharing	ng plans, and other similar debts	
☐ Yes	Other. Specify collections	-credit card	
Chase Card Services	Last 4 digits of account number	6725	\$4,004.25
Nonpriority Creditor's Name	_		
PO Box 15298 Wilmington, DE 19850	When was the debt incurred?	2015	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
Check if this claim is for a community	Student loans		
lebt s the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
No	Debts to pension or profit-sharin	og plans, and other similar debts	
■ INU	- Depto to periolon or prolit-strain	ig piano, and other similar debts	

Debtor 1	Ebony Monique Lewis		Case number (if known)	
	hase Card Services	Last 4 digits of account number	0434	\$4,474.05
P	onpriority Creditor's Name O Box 15298 /ilmington, DE 19850	When was the debt incurred?	2012	
Nu	umber Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	ho incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecure	d alaim.	
	At least one of the debtors and another	Student loans	u Claim.	
de	I Check if this claim is for a community the claim subject to offset?	_	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	og plans, and other similar debts	
	l Yes	Other. Specify collections	•	
_	hase Card Services	Last 4 digits of account number	9223	\$3,998.60
	onpriority Creditor's Name O Box 15298	When was the debt incurred?	2015	
-	O Box 15298 /ilmington, DE 19850	when was the debt incurred?	2015	
	umber Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
W	ho incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	Student loans		
	ebt the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	l Yes	Other. Specify collections	-credit card	
7 S	ommunity Capital Bank/Ashley tewart	Last 4 digits of account number	4410	\$764.00
P	onpriority Creditor's Name O Box 182118 olumbus, OH 43218	When was the debt incurred?	2012	
Nu	ho incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	ebt the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
] _{Yes}	■ Other. Specify collections	-charge card	

ebtor 1 Ebony Monique Lewis	Case number (if known)	
8 Detroit Medical Center	Last 4 digits of account number 2525	\$1,309.15
Nonpriority Creditor's Name 3075 E. Imperial Hwy Ste. 200	When was the debt incurred?	
Brea, CA 92821 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify collections-medical	
9 Direct TV Nonpriority Creditor's Name	Last 4 digits of account number	\$200.00
PO BOX 6550	When was the debt incurred?	
Greenwood Village, CO 86155		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify utility	
Diversified Consultants Inc/		
Comcast	Last 4 digits of account number 58xx	\$298.00
Nonpriority Creditor's Name 10550 Deerwood Pk Blvd Ste 708	When was the debt incurred? 2018	
Jacksonville, FL 32256	_	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	□ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify collections-cable	

Diversified Consultants/ Direct TV	Last 4 digits of account number 940x	\$240.0
Nonpriority Creditor's Name PO BOX 551268 Jacksonville, FL 32255	When was the debt incurred? 2018	_
Number Street City State Zlp Code Nho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	Other. Specify collections-cable	
DSNB/Macys	Last 4 digits of account number 0400	\$414.0
Nonpriority Creditor's Name PO BOX 8218	When was the debt incurred? 2010	
Monroe, OH 45050 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the claim is. Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
lebt s the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	Other. Specify collections-charge card	_
Great Lakes US Department of		
Education	Last 4 digits of account number	\$24,853.7
Nonpriority Creditor's Name PO Box 79032 Saint Louis, MO 63179	When was the debt incurred? 2012	_
Number Street City State Zlp Code Nho incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	Student loans	
debt s the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
☐Yes	☐ Other. Specify	

Ebony Monique Lewis		Case number (if known)	
Midland Funding LLC	Last 4 digits of account number	xxxx	\$2,781.0
Nonpriority Creditor's Name 2365 Northside Drive Suite 300	When was the debt incurred?	2017	
San Diego, CA 92108			
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify collections	<u>:</u>	
Poisons Home Health Care Centers	Last 4 digits of account number	1640	\$191.
Nonpriority Creditor's Name PO Box 129 Warren, MI 48090	When was the debt incurred?		
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
Debtor 1 only	☐ Contingent		
☐ Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	☐ Student loans		
debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
Yes	Other. Specify collections	-medical	
Portfolio Recovery Associates	Last 4 digits of account number	xxxx	\$2,540.
Nonpriority Creditor's Name	-		
Riverside Commerce Center 120 Corporate Blvd Suite 100 Norfolk, VA 23502-4962	When was the debt incurred?	2017	
Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
Who incurred the debt? Check one.			
■ Debtor 1 only	☐ Contingent		
Debtor 2 only	☐ Unliquidated		
☐ Debtor 1 and Debtor 2 only	☐ Disputed		
\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
☐ Check if this claim is for a community	Student loans		
debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did not	
■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
□Yes	■ Other. Specify collections		

Ebony Monique Lewis	Case number (if known)	
Sears	Last 4 digits of account number	Unknow
Nonpriority Creditor's Name PO BOX 6282	When was the debt incurred?	
Sioux Falls, SD 57117		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
_	П	
Debtor 1 only	Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
☐ Check if this claim is for a community debt		
s the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
No No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify charge card	
Sprint	Last 4 digits of account number 3806	\$175.0
Nonpriority Creditor's Name		<u> </u>
PO Box 64378	When was the debt incurred?	
Saint Paul, MN 55164 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	As of the date you me, the diamnis. Oneck an that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify collections-cell phone	
SYNCB/Sams Club	Last 4 digits of account number 0089	\$2,471.0
Nonpriority Creditor's Name PO Box 965005 Orlando, FL 32896	When was the debt incurred? 2014	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
s the claim subject to offset?	report as priority claims	
No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify collections-charge card	

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				-	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	24,853.79
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	34,969.23
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	59,823.02

Official Form 106 E/F

Fill in this infor	mation to identify your	case:		
Debtor 1	Ebony Monique L	.ewis		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F MICHIGAN	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	r company with Name, Numbe	h whom you have the er, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3					
0	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	J.,		State		

Fill in this	information to identify your	case:			
Debtor 1	Ebony Monique	_ewis			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT O	OF MICHIGAN		
Case num (if known)	ber				☐ Check if this is an amended filing
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
people are fill it out, a your name	filing together, both are equ	ally responsible for sup boxes on the left. Attack Answer every question	plying correct informat h the Additional Page t ı.	ion. If more space is n o this page. On the top	ate as possible. If two married eeded, copy the Additional Page, o of any Additional Pages, write
1. 00	you have any codebtors? (If	you are filing a joint case,	do not list eitner spouse	as a codeptor.	
■ No □ Yes	S				
	hin the last 8 years, have you na, California, Idaho, Louisiana				y states and territories include
	Go to line 3. But your spouse, former spo	use, or legal equivalent liv	e with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guarar	ntor or cosigner. Make	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cre Check all schedule	editor to whom you owe the debt stat apply:
3.1				☐ Schedule D. line	e
	Name			☐ Schedule E/F, I☐ Schedule G, line	·
	Number Street City	State	ZIP Code	_	
3.2	Name			Schedule D, line	
				☐ Schedule E/F, I☐ Schedule G, line	
	Number Street			_	
	City	State	ZIP Code		

Fill	in this information to identify your ca	ase:						
Del	otor 1 Ebony Moni	que Lewis			_			
	otor 2 puse, if filing)				_			
Uni	ted States Bankruptcy Court for the	: EASTERN DISTRICT	OF MICHIGAN		_			
(If kr	fficial Form 106l					13 income a	ent showing as of the fo	g postpetition chapter ollowing date:
	chedule I: Your Inc	am a				MM / DD/ Y	YYY	12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	are married and not filing wi	ng jointly, and your spo ith you, do not include i	use is	s liv natio	ing with you, inclu on about your spo	ude inform use. If mo	nation about your ore space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-fil	ling spouse
	If you have more than one job,	Employee and adding	■ Employed			☐ Emplo	yed	
	attach a separate page with information about additional	Employment status	☐ Not employed ☐ Not		☐ Not er	ot employed		
	employers.	Occupation	Maintenance clerk					
	Include part-time, seasonal, or self-employed work.	Employer's name	Republic Services					
	Occupation may include student or homemaker, if it applies.	Employer's address	5400 Cogswell Rd. Wayne, MI 48184					
		How long employed t	here?					
Pai	Give Details About Mor	nthly Income						
	mate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to repo	rt for a	any	ine, write \$0 in the	space. Inc	lude your non-filing
-	ou or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information fo	r all ei	mplo	oyers for that perso	n on the lir	nes below. If you need
						For Debtor 1		otor 2 or ng spouse
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,774.33	\$	N/A
3.	Estimate and list monthly overt	ime pay.		3.	+\$	0.00	+\$	N/A

Calculate gross Income. Add line 2 + line 3.

4. \$ **3,774.33**

Copy line 4 here					For	Debtor 1		Debtor 2 or -filing spouse	
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for voluntary		Сору	r line 4 here	4.	\$	3,774.33			
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for voluntary fund fund for voluntary fund	5.	List a	all payroll deductions:						
5.5. Mandatory contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.6. Voluntary contributions for retirement plans 5.7. Na 5.8. Insurance 5.9. \$ 251.33 \$ N/A 5.9. Union dues 5.9. \$ 0.000 \$ N/A 5.9. Union dues 5.9. \$ 0.000 \$ N/A 5.9. Union dues 5.9. \$ 0.000 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5g+5h. 6. \$ 1,096.33 \$ N/A 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5g+5h. 6. \$ 1,096.33 \$ N/A 6. List all other income regularly received. 8. List all other income regularly received. 8. Net income from rental property and from operating a business, profession, or farm. Altach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8. \$ 0.000 \$ N/A 8. Interest and dividends 8. \$ 0.000 \$ N/A 8. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8. Unemployment compensation 8. Social Security 8. Social Security 8. Social Security 8. Social Security 8. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such selection as food stamps (benefits under the Supplemental Numinon Assistance Program) or housing subsidies. \$ 0.000 \$ N/A 8. Pension or retirement income 8. De the monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.000 \$ N/A 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.000 \$ N/A 10. Calculate monthly income. Add lines 7 + line 9. Add the entires in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. \$ 1. +\$ 0.000 \$ N/A 11. +\$ 0.000 \$ N/A 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 13.		5a.	Tax. Medicare, and Social Security deductions	5a.	\$	732.33	\$	N/A	
5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5d. Required repayments of retirement fund loans 5d. Rougired repayments fund fund fund fund fund fund fund fund			•						
5d. Required repayments of retirement fund loans 5e. Insurance 5e. Insurance 5e. Insurance 5e. Insurance 5e. Insurance 5e. S. 251.33 \$ NVA 5e. Union dues 5e. Union dues 5f. Domestic support obligations 5f. S. 0.00 \$ NVA 5g. Union dues 5f. O.00 \$ NVA 5f. O.00 \$			· · · · · · · · · · · · · · · · · · ·			-			
5e. Insurance 5f. Domestic support obligations 5f. Domestic support obligations 5f. Domestic support obligations 5f. S. 0.00 \$ NVA 5g. Union dues 5g. S. 0.00 \$ NVA 5h. Other deductions. Specify: 5f. \$ 0.00 \$ NVA 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,096.33 \$ NVA 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 2,678.00 \$ NVA 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and thusiness showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include allmony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$ 0.00 \$ NVA 8d. Unemployment compensation 8d. \$ 0.00 \$ NVA 8d. Scale Security 8e. \$ 0.00 \$ NVA 8d. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8p. Pension or retirement income 8g. \$ 0.00 \$ NVA 8p. Pension or retirement income 8g. \$ 0.00 \$ NVA 8p. Pension or retirement income 8g. \$ 0.00 \$ NVA 9p. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9 \$ 0.00 \$ NVA 10. Calculate monthly income. Specify: 8h. + \$ 0.00 \$ NVA 11. +\$ 0.00 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 12. Specify: 13. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 14. Add the amount in incease or decrease within the year after you file this form?			· · · · · · · · · · · · · · · · · · ·				· -		
5. Domestic support obligations 5. Union dues 5. Union du					. —		- :		
5g. Union dues 5h. Other deductions. Specify: 5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$1,096,33 \$N/A 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$2,678.00 \$N/A 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. 8c. \$0.00 \$N/A 8d. Unemployment compensation 8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8g. \$0.00 \$N/A 8g. Pension or retirement income 8g. \$0.00 \$N/A 8h. Other monthly income. Specify: 8h. \$0.00 \$N/A 8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$0.00 \$N/A 8h. Other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.					· —	-	· · —		
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13. Do you expect an increase or decrease within the year after you file this form?No.									
■ No.	13.	Do y	ou expect an increase or decrease within the year after you file this form	?				monuny	come
			•						

Em	in this informe	tion to identify yo	our caca:					
Deb	tor 1	Ebony Monic	que Lewi	5		Che □	eck if this is: An amended filing	
Deb	tor 2						•	wing postpetition chapter
(Spo	ouse, if filing)					_	13 expenses as of	the following date:
Unit	ed States Bankr	uptcy Court for the:	EASTE	RN DISTRICT OF MICHIG	AN		MM / DD / YYYY	
	e numbe r nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your I	Expen	ses				12/15
info	rmation. If m		eded, atta	If two married people ar ch another sheet to this t n.				
Par		ibe Your House	hold					
1.	Is this a join							
	■ No. Go to □ Yes. Doe	line 2. s Debtor 2 live i	n a separa	ate household?				
	□ No	~	st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	ehold of Del	btor 2.	
2.	Do vou have	e dependents?	■ No					
	Do not list Do Debtor 2.	•	☐ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the		·				□ No
	dependents							☐ Yes
								□ No
								Yes
								□ No
								☐ Yes ☐ No
								☐ Yes
3.	expenses of	enses include f people other th d your depender	han $_{f \Box}$	No Yes			_	1 103
Est exp	imate your ex		our bankrı	y Expenses iptcy filing date unless y y is filed. If this is a supp				
the		n assistance and		government assistance if luded it on <i>Schedule I:</i> Y			Your exp	enses
-		•						
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	4.	\$	493.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
	•	rty, homeowner's				4b.	:	150.00
				pkeep expenses		4c.		50.00
5.		owner's associati nortgage payme		ominium dues o ur residence, such as ho	me equity loans	4d. 5.	\$ \$	0.00

Official Form 106J Schedule J: Your Expenses
19-41496-mbm Doc 1 Filed 02/04/19 Entered 02/04/19 12:27:28 Page 34 of 51

Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

■ No.

■ Yes.

Explain here:

Dalata at				
Debtor 1	Ebony Monique	Lewis		
	First Name	Middle Name	Last Name	
Debtor 2	First Name	Middle Name	Last Name	
Spouse if, filing)	FIRST Name	Middle Name	Last Name	
Jnited States B	Sankruptcy Court for the:	EASTERN DISTRICT C	F MICHIGAN	
Case number				
(if known)				☐ Check if this is an amended filing
btaining mone ears, or both. 1		in connection with a bank		false statement, concealing property, or to \$250,000, or imprisonment for up to 20
	gn Below			
Did you pa		eone who is NOT an attor	ney to help you fill out bankruptcy	r forms?
Did you pa		eone who is NOT an attor	ney to help you fill out bankruptcy	forms?
■ No		eone who is NOT an attor		r forms? Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119)
■ No □ Yes. Under pena	ay or agree to pay som Name of person			Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119)
■ No □ Yes. Under penathat they are	ay or agree to pay som Name of person alty of perjury, I declare			Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119)
No Ves. Under penathat they as X /s/ Ebe	ay or agree to pay som Name of person alty of perjury, I declare true and correct.		mary and schedules filed with this	Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119)
■ No □ Yes. Under penathat they as X /s/ Ebo Ebony Signatu	ay or agree to pay som Name of person alty of perjury, I declare true and correct. cony Monique Lewis y Monique Lewis		mary and schedules filed with this	Attach <i>Bankruptcy Petition Preparer's Notice,</i> Declaration, and Signature (Official Form 119)

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

Fill in t	his inform	nation to identify you	r case:			
Debtor	1	Ebony Monique				
Debtor	2	First Name	Middle Name	Last Name		
(Spouse if		First Name	Middle Name	Last Name		
United	States Bar	nkruptcy Court for the:	EASTERN DISTRICT OF	MICHIGAN		
Case no					_	heck if this is an mended filing
State	ement		Affairs for Indivic		ankruptcy	4/16
informa	tion. If m		attach a separate sheet to		equally responsible for supportion and additional pages, write you	
Part 1:	Give D	etails About Your Ma	arital Status and Where You	Lived Before		
1. Wh	nat is your	current marital statu	ıs?			
■	Married Not mar	ried				
2. Du	ring the la	ıst 3 years, have you	lived anywhere other than v	where you live now?		
■	No Yes. List	t all of the places you	ived in the last 3 years. Do no	ot include where you live now	:	
De	ebtor 1 Pri	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territory co, Texas, Washington and W	
■	No Yes. Ma	ke sure you fill out Sc	hedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2	Explain	n the Sources of You	ır Income			
Fill	in the tota	I amount of income yo	nployment or from operating ou received from all jobs and a have income that you receive	Ill businesses, including part-		dar years?
	No					
	Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		year before that: cember 31, 2017)	■ Wages, commissions, bonuses, tips	\$44,655.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Total amount

paid

Amount you

still owe

☐ Yes. List all payments to an insider.

Insider's Name and Address

Dates of payment

Reason for this payment

Debtor 1 Ebony Monique Lewis		Case number (if known)				
8.	Within 1 year before you filed for bankrup	otcy, did you make any pay	ments or transfer a	ny property on a	ccount of a de	ebt that benefited an
	insider? Include payments on debts guaranteed or co	osigned by an insider.				
	■ No□ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Par	rt 4: Identify Legal Actions, Repossession	ons, and Foreclosures				
9.	Within 1 year before you filed for bankrup List all such matters, including personal injur modifications, and contract disputes.					
	■ No□ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
10.	Within 1 year before you filed for bankrup Check all that apply and fill in the details below		rty repossessed, fo	oreclosed, garnis	hed, attached	I, seized, or levied?
	No. Go to line 11.Yes. Fill in the information below.					
	Creditor Name and Address Describe the Property Date					Value of the property
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment be No Yes. Fill in the details. Creditor Name and Address			Date a	action was	mounts from your Amount
				taken		
12.	Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or		rty in the possessi	on of an assigned	e for the bene	fit of creditors, a
	■ No □ Yes					
Par	tt 5: List Certain Gifts and Contributions	S				
13.	Within 2 years before you filed for bankru ■ No □ Yes. Fill in the details for each gift.	ptcy, did you give any gifts	s with a total value	of more than \$60	0 per personí	?
	Gifts with a total value of more than \$600 per person	Describe the gifts		Dates the gi	s you gave ifts	Value
	Person to Whom You Gave the Gift and Address:					
14.	■ No		s or contributions v	vith a total value	of more than	\$600 to any charity?
	Yes. Fill in the details for each gift or co Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	otal Describe what you	contributed	Dates	s you ibuted	Value
Par	rt 6: List Certain Losses					

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Deb	Debtor 1 Ebony Monique Lewis			Case number (if known)					
	or gam	nbling?							
	■ No	-							
	Descr	ibe the property you lost and he loss occurred		be any insurance coverage for the lette amount that insurance has paid. I		Date of your loss	Value of property lost		
				ce claims on line 33 of Schedule A/B:					
Par	t 7:	List Certain Payments or Transfer	S						
16.	consul	Ited about seeking bankruptcy or	preparir	d you or anyone else acting on you og a bankruptcy petition? s, or credit counseling agencies for se			rty to anyone you		
		0							
	■ Ye	es. Fill in the details.							
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You		⁄ou	Description and value of any property transferred		Date payment or transfer was made	Amount of payment		
	Adva 24300 suite	nta Law 0 Southfield Rd		attorney fees			\$700.00		
17.	promis Do not	sed to help you deal with your cre- include any payment or transfer that	ditors o	d you or anyone else acting on your to make payments to your creditor ed on line 16.		or transier any propei	ty to anyone who		
	Perso Addre	n Who Was Paid sss		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment		
	Include include	erred in the ordinary course of you both outright transfers and transfers gifts and transfers that you have alr	ur busine s made a	as security (such as the granting of a s					
	Perso Addre	n Who Received Transfer		Description and value of property transferred		any property or s received or debts schange	Date transfer was made		
	Perso	n's relationship to you				3.			
	benefic ■ No	ciary? (These are often called asset		did you transfer any property to a s on devices.)	elf-settled tr	ust or similar device o	of which you are a		
	,	of trust		Description and value of the prop	erty transfer	red	Date Transfer was made		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Par	List of Certain Financial Accounts, Ir	nstruments, Safe Depos	sit Boxes, and Sto	orage Units	s			
20.	 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. ■ No □ Yes. Fill in the details. 							
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	or bankruptcy, an	ny safe dep	osit box or other deposit	ory for securities,		
	■ No □ Yes. Fill in the details.							
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code)		Describe t	the contents	Do you still have it?		
22.	Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?							
	NoYes. Fill in the details.							
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code) Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code)				the contents	Do you still have it?		
Par	19: Identify Property You Hold or Contro	ol for Someone Else						
23.	Do you hold or control any property that so for someone.	omeone else owns? Ind	clude any propert	y you borr	owed from, are storing fo	or, or hold in trust		
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City Code)		Describe t	the property	Value		
Par	110: Give Details About Environmental In	formation						
For	the purpose of Part 10, the following definit	tions apply:						
	Environmental law means any federal, stat toxic substances, wastes, or material into regulations controlling the cleanup of thes	the air, land, soil, surfa	ce water, ground					
	Site means any location, facility, or proper to own, operate, or utilize it, including disp		environmental la	aw, whethe	er you now own, operate,	or utilize it or used		
	Hazardous material means anything an enhazardous material, pollutant, contaminan	vironmental law define	s as a hazardous	waste, haz	zardous substance, toxic	substance,		
Rep	ort all notices, releases, and proceedings the	hat you know about, re	gardless of when	they occu	rred.			
24.	Has any governmental unit notified you that	at you may be liable or	potentially liable	under or ir	n violation of an environm	nental law?		
	■ No							
	Yes. Fill in the details. Name of site	Governmental u	ınit	Enviro	onmental law, if you	Date of notice		
	Address (Number, Street, City, State and ZIP Code)		, Street, City, State and			2000 07 1100100		

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Deb	Ebony Monique Lewis		Case	e number (if known)	
5.	Have you notified any governmental unit o	of any release of hazardous material?			
	No				
	Yes. Fill in the details.				
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice
c	Have you been a party in any judicial or ac	,	ronm	ontal law? Include cottlements	and orders
0.	nave you been a party in any judicial of ac	ininistrative proceeding under any envir	OHIH	antariaw? include settlements	and orders.
	No				
	Yes. Fill in the details.	Court or organiza	Notes	us of the coop	Status of the
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Natu	ire of the case	Status of the case
Part	11: Give Details About Your Business o	r Connections to Any Business			
7.	Within 4 years before you filed for bankrup	otcv. did vou own a business or have any	v of tl	he following connections to an	v business?
		in a trade, profession, or other activity,	•		
	☐ A member of a limited liability com	pany (LLC) or limited liability partnershi	p (LL	.P)	
	☐ A partner in a partnership			•	
	☐ An officer, director, or managing e	executive of a corporation			
	_	ng or equity securities of a corporation			
	No. None of the above applies. Go to				
	_				
	Business Name	ill in the details below for each business. Describe the nature of the business		Employer Identification number	ar .
	Address (Number, Street, City, State and ZIP Code)			Do not include Social Security	
	(Number, Street, Sity, State and 211 Sode)	Name of accountant or bookkeeper		Dates business existed	
	Within 2 years before you filed for bankrupinstitutions, creditors, or other parties.	otcy, did you give a financial statement to	o any	one about your business? Incl	ude all financial
	■ Na				
	■ No □ Yes. Fill in the details below.				
	Name	Date Issued			
	Address (Number, Street, City, State and ZIP Code)				
Part	12: Sign Below				
re to vith 8 U. /s/ I	e read the answers on this Statement of Face and correct. I understand that making a bankruptcy case can result in fines up to S.C. §§ 152, 1341, 1519, and 3571.	a false statement, concealing property, co \$250,000, or imprisonment for up to 20	or obt	aining money or property by fr	
	ony Monique Lewis nature of Debtor 1	Signature of Debtor 2			
_	February 4, 2019	Date			
	ou attach additional pages to Your Staten		filing	for Bankruptcy (Official Form 1	07)?
oid y ■ N	ou pay or agree to pay someone who is no	ot an attorney to help you fill out bankru	ptcy f	orms?	
	es. Name of Person Attach the <i>Banki</i>	ruptcy Petition Preparer's Notice, Declaratio	on, an	d Signature (Official Form 119).	
Officia	I Form 107 State	ment of Financial Affairs for Individuals Filing	for Ba	ankruptcy	page 6

United States Bankruptcy Court Eastern District of Michigan

In re	Ebony	Monique Lewi	IS		Case N	No	
				Debtor(s)	Chapte	er 7	
			STATEME	NT OF ATTORNEY FOR D	DEBTOR(S)		
				UANT TO F.R.BANKR.P. 2			
	The und	lersigned, pursua	ant to F.R.Bankr.P. 2016(b), states that:			
1.	The und	lersigned is the at	ttorney for the Debtor(s) i	n this case.			
2.	The con	mpensation paid o	or agreed to be paid by the	Debtor(s) to the undersigned	is: [Check one]		
	[X]	FLAT FEE					
	A.			ation of and in connection with		700.00	
	B.					700.00	
	C.						
	[]	RETAINER					
	A.	Amount of ret	tainer received		·····		
	В.			etainer at an hourly rate of \$_nd expenses exceeding the arr		hourly rate schedule.]	Debtor(s) have
3.	\$ <u>0.0</u>	of the filing	fee has been paid.				
4.		n for the above-dinot apply.]	isclosed fee, I have agreed	d to render legal service for al	l aspects of the bankı	ruptcy case, including:	[Cross out any
	A.	Analysis of the bankruptcy;	e debtor's financial situation	on, and rendering advice to the	e debtor in determini	ng whether to file a pe	tition in
	B.	Preparation and		hedules, statement of affairs a			C
	C. D.			ing of creditors and confirmat y proceedings and other conte			ereor;
	E.	Reaffirmations			1 7		
	F. G.	Redemptions; Other:					
		reaffirmation		rs to reduce to market va lications as needed; prep on household goods.			
5.	By agre	Representati		sed fee does not include the form dischargeability action occeeding.		voidances, relief fro	om stay
6.	The sou	rce of payments	to the undersigned was fro	om:			
	A. B.	XX		ages, compensation for service ding the identity of payor)	ces performed		
7.	The und			, with any other person, other	than with members of	of the undersigned's la	w firm or
				•			
Dated:	Febr	uary 4, 2019			/s/ Avraham Adle Attorney for the De		
					Avraham Adler P	76319	
					Advanta Law, PL 24300 Southfield		
					STE 210	· ···	
					Southfield, MI 48 248-281-6299 avi	075 @adlerlawfirmpllc.	com
Agreed:	/s/ FI	bony Monique	Lewis				
rigicou.		ny Monique Lev					
	Debto	or			Debtor		

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
<u>+</u> \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the Chapter 7 Means Test Calculation (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the Chapter 7 Means Test Calculation (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called exempt property. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on Schedule C: The Property You Claim as Exempt (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_form s.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on Voluntary Petition for Individuals Filing for Bankruptcy (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a joint case. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days before you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

United States Bankruptcy Court Eastern District of Michigan

in re	Epony Monique Lewis		Case No.	
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR M	IATRIX	
Γhe ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and corn	rect to the best	of his/her knowledge.
Date:	February 4, 2019	/s/ Ebony Monique Lewis Ebony Monique Lewis		
		Signature of Debtor		

Best Buy/CBNA PO BOX 6497 Sioux Falls, SD 57117

Cavalry Portfolio Svcs 500 Summit Lake Dr Ste 4A Valhalla, NY 10595

Chase Card Services PO Box 15298 Wilmington, DE 19850

Citizens One Home Loans PO Box 6260 Glen Allen, VA 23058

Community Capital Bank/Ashley Stewart PO Box 182118 Columbus, OH 43218

Credit Union One Bank 400 E Nine Mile Ferndale, MI 48220

Detroit Medical Center 3075 E. Imperial Hwy Ste. 200 Brea, CA 92821

Direct TV PO BOX 6550 Greenwood Village, CO 86155

Diversified Consultants Inc/ Comcast 10550 Deerwood Pk Blvd Ste 708
Jacksonville, FL 32256

Diversified Consultants/ Direct TV PO BOX 551268 Jacksonville, FL 32255

DSNB/Macys PO BOX 8218 Monroe, OH 45050 Great Lakes US Department of Education PO Box 79032 Saint Louis, MO 63179

Midland Funding LLC 2365 Northside Drive Suite 300 San Diego, CA 92108

Poisons Home Health Care Centers PO Box 129 Warren, MI 48090

Portfolio Recovery Associates Riverside Commerce Center 120 Corporate Blvd Suite 100 Norfolk, VA 23502-4962

Sears PO BOX 6282 Sioux Falls, SD 57117

Sprint PO Box 64378 Saint Paul, MN 55164

SYNCB/Sams Club PO Box 965005 Orlando, FL 32896

Weber And Olcese 3250 W Big Beaver Ste 124 Troy, MI 48084

xfinity 41112 Concept Dr Plymouth, MI 48170